



PUBLIC EMPLOYMENT RELATIONS COMMISSION
112 Henry Street NE, Suite 300, Olympia WA 98506
PO Box 40919, Olympia WA 98504-0919
Phone: 360.570.7300 | Fax: 360.570.7334
Email: filing@perc.wa.gov | Web: www.perc.wa.gov

REPRESENTATION PETITION



☐ Amended Petition in Case # _____

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC

PARTIES Include information for all parties involved.

EMPLOYER Island Transit
Contact Robyn Goldring
Address 1975B SR 20
City, State, ZIP Coupeville WA 98239
Telephone 360.628.9517 Ext. _____
Email _____

PETITIONER Employees/Island Transit
Contact John Thompson
Address PO Box 593
City, State, ZIP Coupeville WA 98239
Telephone 360.929.9499 Ext. _____
Email thethompsonse@frontier.com

CURRENT BARGAINING REPRESENTATIVE
(If one exists) Kathleen Custer
Contact Amalgamated Transit Union
Address 2810 Lombard, Suite 203
City, State, ZIP Everett, WA 98201
Telephone 425.259.4544 Ext. _____
Email kcuster@atsu1576.org

TYPE OF REQUEST Select One. The petitioner requests:

- ☐ RECOGNITION to be certified as the representative of employees currently unrepresented.
- ☐ CHANGE OF REPRESENTATIVE to be certified as the representative of employees currently represented by another organization.
- ☒ DECERTIFICATION to no longer be represented by the current organization.
- ☐ INCLUSION OF UNREPRESENTED EMPLOYEES to have a group of employees added to an existing bargaining unit as described in WAC 391-25-440.
- ☐ EMPLOYER PETITION a determination by the commission according to WAC 391-25-090.

BARGAINING UNIT

Description of Bargaining Unit: Indicate Inclusions / exclusions

operators/dispatchers
12272

Department or Division _____

Number of Employees in Unit 103

Collective Bargaining Agreement
If one exists, the bargaining unit's most recent collective bargaining agreement must be filed with this petition.

Contract Expiration Date: _____

OTHER RELEVANT FACTS

☐ Additional information relating to the proposed bargaining unit is attached.

SHOWING OF INTEREST

The petition must be filed with a showing of interest indicating support of at least 30% of the employees in the bargaining unit.
The showing of interest cards are confidential and are ONLY filed with PERC.

AUTHORIZED SIGNATURE FOR PETITIONER

Print Name John Thompson Telephone 360.929.9499 Ext. _____
Title Employee/Operator Email thethompsonse@frontier.com
Address PO Box 593
City, State, ZIP Coupeville WA 98239 Signature [Signature] Date 4/19/16

**BEFORE THE PUBLIC EMPLOYMENT RELATIONS COMMISSION
STATE OF WASHINGTON**

Employees Island
Transit
(Operators/Dispatchers)
Petitioner/Complainant/Filing Party

v.

Amalgamated Transit Union

Respondent/Responding Party

Case Number 12272

CERTIFICATE OF SERVICE

RECEIVED
OLYMPIA, WA

APR 20 2016

PUBLIC EMPLOYMENT
RELATIONS COMMISSION

I certify that I served a copy of this (title of document)
on all parties or their counsel of record on

Representation Petition

4/19/16

<p>To: Name <u>Island Transit</u> Organization <u>Contact Robyn Goldring</u> Address <u>19758 SR 20</u> City, State, ZIP <u>Coupeville WA 98239</u> Email <u>goldring@islandtransit.org</u> Fax <u>360.544.3710</u></p>	<p><input type="checkbox"/> E-mail <input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> Certified U.S. Mail <input checked="" type="checkbox"/> Hand Delivery <input type="checkbox"/> Registered U.S. Mail</p>
<p>Name <u>Kathleen Custer</u> Organization <u>Amalgamated Transit Union</u> Address <u>2810 Humboldt, Suite 203</u> City, State, ZIP <u>Everett, WA 98201</u> Email <u>Kcusterpr@atu1576.org</u> Fax <u>425.303.8645</u></p>	<p><input type="checkbox"/> E-mail <input checked="" type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Registered U.S. Mail</p>
<p>Name <u>PERC</u> Organization Address <u>PO Box 40919</u> City, State, ZIP <u>Olympia WA 98504-0919</u> Email Fax</p>	<p><input type="checkbox"/> E-mail <input type="checkbox"/> First Class U.S. Mail <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Certified U.S. Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Registered U.S. Mail</p>

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date signed and submitted 4/19/16

Print Name John Thompson

Signature [Signature]